from the field of general practice. The general practitioner has unique opportunities for the follow-up of these patients, opportunities which are denied to the hospital physician. The general practitioner is able to supervise his patients' treatment more closely over longer periods than can be possible with long-interval out-patient appointments. His blood-pressure readings are likely to reflect more realistically the patient's everyday levels. Indeed, the many published hospital reports on this subject illustrate the extremes of misinterpretation liable to arise owing to the methods employed. Thus at one end of the scale we have studies on patients kept at rest in bed over long periods. This regime results in the achievement of optimistically low readings when applied to the subsequent exigencies of everyday life. On the other hand the tension of out-patient sessions is liable to induce higher readings than are found in the atmosphere of the consulting room, as a recent study has shown.[1] Similarly, treatment by self-administered injection at home is in the main impracticable. Indeed, 20% of Dr. Locket's patients omitted treatment of their own accord, with disastrous results in one.

In short, the conditions of hospital practice are not the most suitable for a long-term study of hypotensive treatment. It is duly appreciated that without preliminary hospital studies on the actions of the drugs employed, such as that described by Dr. Locket, effective hypotensive treatment probably would not be available at all. I feel that we now require information from general practitioners on their practical experience of hypotensive therapy over the past few years. We require, too, a means of continuing such reporting over the years to come. Such an investigation would provide information of incomparable value on this subject.—I am, etc.,

Twickenham, Middlesex. DAVID WHEATLEY.

REFERENCE

[1] Freis, E. D., *Med. Ann. Distr. Columbia*, 1954, 23, 363.

Pregnancy Test

SIR,—It is with dismay that I have received this morning a brochure from a drug firm describing a test for differentiating between pregnancy and amenorrhoea by the administration of a mixture of synthetic hormones, and the induction of withdrawal bleeding in those with amenorrhoea. There must be few cases in which it is necessary, either from the point of view of the patient or the doctor, for an immediate diagnosis to be made. In those few cases where an early differentiation is desired there are adequate tests available of a high degree of reliability, and which do not require the administration of drugs to the patient.

The test would presumably be used in the first few weeks of pregnancy, at a time when the main structures are being laid down in the embryo, and when the embryo is most susceptible to noxious influences. It seems a shocking thing to administer drugs which will upset the delicate hormonal balance of the mother and the foetus at this stage. So-called tests of the safety of this procedure are condemned by their only too obvious crudity; a continued pregnancy and an apparently normal child is no guarantee that no harm is being done.—I am, etc.,

London, N.W.8. H. G. BRITTON.

Hibernation in Shocked Patients

SIR,—Dr. Sheila Kenny's experiences with the use of chlorpromazine in severely shocked cases (*Journal*, July 28, p. 211) lead me, in the absence of our consultant anaesthetist, Dr. E. K. Gardner, to mention briefly a similar technique we use at Whipp's Cross Hospital. The emphasis is on autonomic block, and we have made no attempt to record the lowering of body temperature before or after induction of anaesthesia, or to prolong the hypothermia. To this end we have used hexamethonium in conjunction with chlorpromazine.

The principal points are: (1) intravenous injection of chlorpromazine ("largactil") 25 mg. in 20 ml. on arrival in the anaesthetic room; (2) adoption of 10 degrees head-down tilt and liberal oxygenation throughout induction and operation; (3) anaesthesia by the standard sequence thiopentone–pethidine–nitrous oxide–oxygen–curare, though with greatly reduced dosage; (4) replacement of sufficient blood to restore the blood pressure to 80–100 systolic; thereafter the rate of the drip is slowed and hexamethonium used to lower the systolic pressure to 60–65 mm. Hg throughout operation.

I have recently used this technique with signal success in anaesthetizing four severely shocked patients when attempts to raise the blood pressure by the usual methods had failed. Operations lasting up to 2¼ hours have been performed calmly in an almost bloodless field, and with little anxiety to the anaesthetist. We wonder if we are right in restricting this technique to the very poor risk patient and whether other milder cases might not also benefit.—I am, etc.,

London, E.11. A. S. GARDINER.

Preparation for Marriage

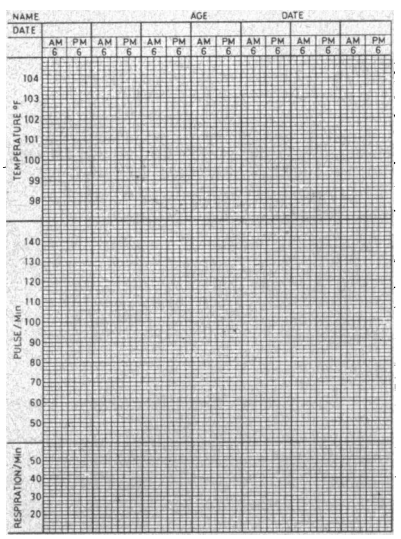
SIR,—We are grateful to Dr. G. de M. Rudolf (*Journal*, July 28, p. 244) for drawing attention to the part played by Catholics in the field of marriage guidance. To avoid confusion, however, may I point out that our correct name is the Catholic Marriage Advisory Council? We shall be pleased to give further information about our work to any doctor who may have Catholic patients with marital problems.—I am, etc.,

STEPHEN ACKROYD,
Acting General Secretary,
Catholic Marriage Advisory Council.

London, S.W.1.

The Chart in General Practice

SIR,—In many cases of ill-health there are three measurements which can and should be made with reasonable accuracy: the temperature of the body, the rates of the pulse, and respiration. In hospital practice it was always useful, if not essential, to have the patient's chart at hand when considering diagnosis and progress. Yet after several years in N.H.S. general practice I have found no trace of a suitable chart for recording these observations. The introduction of yet another form must be approached with great trepidation, and the specimen shown has been produced only after a lengthy period of gestation.



So often in my practice I am meeting brief (and less often more prolonged) fevers whose aetiology is not really quite as clear as one would like to think. The pattern of the illness is all too often lost when irregular "T.P.R." recordings are jotted down anywhere but where they belong—on a simple chart. It is hoped that the simple ruling should allow the facts to be recorded by parents or other attendants in many cases, and that the chart will be of real value. The cost of charts works out at about one penny each, and they are printed for me from my own block by Messrs. H. K. Lewis.—I am, etc.,

Andover. JOHN W. EVANS.